Financial Irregularities in JIPMER Hospital, Pondiclierry

4180. SHRl C.P. THIRUNAVUKKARASU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether in order to ascertain the financial and administrative irregularities, a Central team headed by an I.A.S. officer has been sent to JIPMER Hospital, Pondicherry;

(b) whether the Central team has noted certain irregularities in the Department of Cardiology and freezed the accounts called "Heart Care";

(c) whether on account of account freezing heart operations were not done at JIPMER Hospital;

(d) whether any other alternative steps have been taken for heart operations; and

(e) whether any action was initiated against the concerned officials for their financial irregularities; if so, the particulars thereof?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHIL-MALAI): (a) Yes, Sir.

(b) The team noted certain irregulairities in the purchase of heart valves by the Department of Cardiology. No account was frozen.

(c) Does not arise.

(d) The Institute has been advised that till such time the Institute is able to establish a system for procurement and supply of consumables and disposable, the patients, could be asked to purchase the same from the open market. The Institute could also ask the authorised suppliers to supply different kinds of valves at a counter so that the purchases can be made directly. The Institute could also give a list of firms and the rough cost of the items so that the choice of the final purchase is left to the patient's family. There should be a notice placed prominently so that patients are fully aware of the process and the hospital should not involve itself in effecting purchases for the patients.

(e) The repert is receiving the attention in Vigilance Department in consultation with the Central Vigilance Commission.

Kids down with food poisoning

4181. SHRI PREM CHAND GUPTA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the news-item which appeared in the Hindustan Times of 7th June, 1998 under the caption "over 100 kids down with food poisoning";

(b) if so, the details thereof and Government's reaction thereto;

(c) whether carelessness is the main cause of such tragedies; and

(d) if so, details of such tragedies occurred during the last five years and the officials responsible thereof and action taken against them?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHIL-MALAI): (a) Yes, Sir.

(b) to (d) According to the information made available by the Department of Prevention of Food Adulteration, Govt, ol N.C.T. Delhi, the Secretary Arya Bal Grah, Darya Ganj, Delhi reported that 95 children were admitted in two hospitals after complaint of stomach pain and vomiting on 6.6.1998.

The children had reportedly consumed stale rice alongwith boiled fried grams and sweet lemon. The incident occurred due to the negligence on the part of the Kitchen Supervbor who had not examined rice while distributing to the inmates or the same was stored in the fridge but due to failure of electricity in

the complex became unsuitable for consumption. The children were discharged by 8th June, 1998. The concerned official has been transfered.

No official intimation has been received in the department of Prevention of Food Adulteration, Govt, of NCT Delhi regarding cases of Food poisoning in Delhi during the last five years. However, two cases of Food poisioning were reported from N.D.M.C. Schools during August and December, 1995 due to consumption of stale bread, but the source of contamination could not be ascertained.

The New Delhi Municipal Council has taken a number of measures to prevent recurrence of such cases including random sampling of food packets, supply of individual packets displaying code numbers and date of manufacture etc.

तपेदिक के लिए बहु-औषधि चिकित्सा

4182. **श्री जनेश्वर मिश्रः** क्या स्वास्थ और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे किः

(क) क्या देश में तपेदिक के मरीजों की संख्या लगातार बढ़ती जा रही है, और

(ख) क्या तपेदिक के लिए बहु-औषधि चिकित्सा काफी महंगी है, और

(ग) यदि हां, तो क्या सरकार इन रोगियों के उपचार को सहज बनाने के लिए इन औषधियों की कीमतों में कमी लाने का प्रयास करेगी?

स्वास्थय और परिवार कल्याण मंत्रालय के राज्य मंत्री (श्री दलित एजिलमलाई): (क) पिछले कई वर्षों से कार्यक्रम के अंतर्गत देश में सूचित किए गए क्षयरोग मामलों की प्रवृति लगभग स्थिर रही है।

(ख) और (ग) क्षयरोग ग्रस्त रोगियों के उपचार की पूर्ण अवधि के लिए अपेक्षित क्षयरोग रोधी औषधि की लागत लगभग 600/ रुपये से 900/ रुपये के बीच है। राष्ट्रीय क्षयरोग नियंत्रण कार्यक्रम के अंतर्गत क्षयरोग ग्रस्त रोगियों को क्षयेरोग रोधी औषधि निःशुल्क सप्लाई की जाती है।

बीमारियों के मुख्य कारण गरीबी का होना

4183. **श्री नागमणिः** क्या स्वास्थ और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे किः

(क) क्या विश्व स्वास्थ संगठन के अनुसार गरीबी, बीमारियों का एक महत्वपूरण कारण है,

(ख) यदि हां, तो इस सरकार की क्या प्रतिक्रिया है, और

(ग) विश्व स्वास्थ संगंठन ने गरीबी के कारण होने वाली मौतों को रोकने के लिए क्या कदम उठाने का सुझाव दिया है?

स्वास्थ और परिवार कल्याण मंत्रालय के राज्य मंत्री (श्री दलित एजिलमलाई): (क) जी, हां, ।

(ख) और (ग) विश्व स्वास्थ संगंठन ने सुझाव दिया है कि निर्धनता समेत कमजोर स्वास्थ के सभी निर्धारकों को दूर करने हेतू समेकित और व्यापक कार्रवाई की जाए ताकि स्वास्थ की असमानता में कमी लाई जा सके और सभी के लिए स्वास्थ को उद्देश्य की प्राप्ति सहित सभी व्यक्तियों को आत्मनिर्भर तथा आर्थिक दृष्टि से सम्त्रजीवन यापन करने हेतू सक्षम बनाया जा सके।

इसके मद्देनजर , सरकार रोग का भार कम करने के लक्ष्य वाले अनेक राष्ट्रीय स्वास्थ कार्यक्रमों और स्वास्थ परिचर्या के आधारभूत ढांचे में सुधार लाने वाली परियोजनाओं को कार्यन्वित करती रही है ताकि सभी नागरिक खर्च सहय स्वास्थ परिचर्या को प्राप्त कर सकें। ग्रामीण विकास, शहरी विकास, महिला और शिशु विकास, शिक्षा विभाग आदि जैसे संबंधित विभागों से समन्वय कायम करके बहुक्षेत्रीय ढांचे के अंतर्गत भी कार्यक्रमों को कार्यान्वित किया जातै है।

Ineffective and Archaic Aids Control Machinery

4184. DR. D. VENKATESHWAR RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the AIDS control machinery is ineffective and archaic as HIV infected people in India cross eight million;

(b) whether Hotline Service is cumbersome and takes much time to interact; and